

When hospitals close, it puts more pressure on those that survive. At Inova Fairfax, occupancy averaged a jam-packed 92 percent over the past year. Thom Mayer, chief of our emergency department, put it this way: "The inpatient population is so high so regularly that a mere 20 or 30 extra patients throws us back into full crisis mode." And that can happen during one shift in a busy emergency room.

Beyond the number of beds, just how many are available at any given time often comes down to two letters: RN. A hospitalized patient needs a doctor for just a few minutes each day, but nursing care must be available around the clock. But, like hospital beds, fully qualified nurses have been disappearing fast, too. A widely cited study from Vanderbilt University, published last year in the *Journal of the American Medical Association*, pointed to some ominous trends. A key finding: The average age of nurses is rising. The number of nurses under the age of 30 fell from 419,000 in 1983 to 246,000 in 1998; by the end of this decade, the study said, 40 percent of working nurses will be older than 50. Retirement will create an estimated shortfall of half a million nurses in the year 2020. The clear reason: A decline in the number of high school girls who go to college intent on becoming nurses. "Women, who traditionally comprise the majority of nursing personnel, are finding other career options that are less physically demanding, more emotionally rewarding and come with a higher rate of pay," Brandon Melton, representing the American Hospital Association, told a Senate subcommittee earlier this year. And men aren't making up for the shortfall.

My wife, a savvy, experienced nurse, last did floor work more than 10 years ago, and though conditions were tough enough then, she recoils at what she would face if she went back now: More and sicker patients on an exponentially higher number of meds; less time getting to know the person who is the patient, and therefore less opportunity to catch early signs of deterioration; widespread use of "health techs"—people who take vital signs and dispense pills but have no training for more meaningful interaction. No wonder students at nursing schools dread the first few years following graduation, because before they can get to the challenging, rewarding places to work, such as ERs or ICUs, they have to get experience on inpatient wards.

It's crowding in those ICUs that puts the worst pressure on the ER. In the highly sophisticated environment of the ICU, a patient's heart rate or blood pressure can be fine-tuned with a shift of an IV drip. A phalanx of monitors register any number of physiological trends to answer the question, "Is this person getting better or worse?" When a patient requires this moment-by-moment scrutiny and all ICU beds are filled, the only place with roughly equal capacity—the only place we can perform the same level of care—is the ER. This ties up our nurses and blocks the bed from the next guy waiting to get in.

And chances are, that next guy is in pretty bad shape. Most people who come to the ER these days have higher "acuity" than a decade ago—that is, they're sicker. There's been no easy way to quantify this change, but, like tornado victims, ER does know what we've been big with. We spend more time trying to get a borderline patient "tuned up" enough to go home rather than be admitted to a busy, barely staffed hospital floor. We arrange home delivery of nebulizer machines for asthma patients. We check out the patient discharged yesterday after surgery who is back today, feeling weak, wondering if he's really well enough to be home. I kind of miss the good old days when a 10-hour shift

meant a string of straightforward technical procedures—like reducing a dislocated shoulder or sewing a complex laceration. These days, it seems more time is spent tracking down a patient's three or four specialists—the oncologist, the psychiatrist, the infectious disease guy—or negotiating with the intake person to authorize a bed or transfer the patient to a hospital that accepts his insurance.

Whine, whine, whine. I started writing this as a letter of apology to all the miserable, aggravated patients who wonder why they have had to wait so many hours to see me, and here I am complaining about my own problems. I'll try to get back on track, because the worst is still ahead. And the worst by far is ambulance diversion.

It happened a lot over this past winter. In Boston—hardly a hospital-deprived town—the *Globe* reported that 27 area ERs went "on diversion" for a total of 631 hours in November, 677 hours in December and more than 1,000 hours in January. And it was worse in Northern Virginia: In January, the area's 13 ERs placed themselves on diversion for more than 4,000 hours. Evenly divided, and it most assuredly was not, that would be every ER refusing ambulances for 10 hours every day. Almost half the time, back in that icy January, if you needed an ambulance to get to an ER you were SOL: severely out of luck.

The American College of Emergency Physicians is certainly concerned about the problem: Last October, an advisory panel proposed guidelines for ambulance diversion, blaming "a shortage of health care providers, lack of hospital-based resources and ongoing hospital and ED [emergency department] closures." But it's easy to get the feeling that others at the national level aren't taking it seriously. At a public health conference in November, at the beginning of the critical winter season, U.S. Surgeon General David Satcher was quoted as recommending that people be "educated" not to go the emergency room unless they really need to. Dennis O'Leary, head of the Joint Commission on Accreditation of Healthcare Organizations, a critical monitoring group, was quoted as saying: "Quite frankly, this problem waxes and wanes . . . but without anything tangibly happening it resolves itself . . . The system will somehow muddle through."

They're right: I muddle through each shift worrying about patients trapped in the waiting room or ambulances that can't discharge their passengers at our door. I mutter humble apologies to private docs outraged that the patients they sent in specifically for urgent treatment—pain control, antibiotics, whatever—cool their heels for hours on end. I go home exhausted and aggravated with myself after 10 hours of juggling alternatives so as not to put a patient into a scarce bed—telling people to try a "stronger" antibiotic, ratchet up the home respiratory treatments, take a few extra tabs of pain reliever each day, and always be sure to follow up with your own doctor tomorrow. I wonder which patients are going to be back in another ER the next day because I missed their real problems or insisted on an ineffective patch.

Doctors and nurses have a bottom line that ultimately distinguishes us from other professions: quality patient care. When we can't provide this, we have failed. Our hospital administrators and department chiefs assume that excellent patient care is a non-negotiable minimum standard. But every winter, and increasingly at other times, the crash of the system is the quite capitulation to these accumulated pressures. When forced to maneuver so many sick patients through an overwhelmed system, I just don't know if I'm doing a good job any more. As a result, I

often find myself phoning the patient the next day, checking in: "Everything okay today?"

Many of the region's hospitals have received, or are negotiating for, approval for more beds. Where more nurses will come from is another problem. Anthony Disser, the chief executive nurse at Fairfax, says the intrinsic value of nursing is already luring a certain number of burned-out software writers or disappointed entrepreneurs for a second career. Yeah, I guess we are muddling through, after all.

I look forward to that "Unraveling Safety Net" meeting in Atlanta in three weeks, where I expect to be transfixed, like the audiences at "Hannibal," by the horror stories and dire statistics of other ER docs and public health researchers. Maybe they've been coming up with some solutions. If they have, I hope they haven't been waiting till May to share them with the rest of us.

#### THE VERY BAD DEBT BOXSCORE

Mr. HELMS. Mr. President, at the close of business yesterday, Tuesday, June 26, 2001, the Federal debt stood at \$5,656,750,181,308.17, five trillion, six hundred fifty-six billion, seven hundred fifty million, one hundred eighty-one thousand, three hundred eight dollars and seventeen cents.

One year ago, June 26, 2000, the Federal debt stood at \$5,647,619,000,000, five trillion, six hundred forty-seven billion, six hundred nineteen million.

Five years ago, June 26, 1996, the Federal debt stood at \$5,118,149,000,000, five trillion, one hundred eighteen billion, one hundred forty-nine million.

Ten years ago, June 26, 1991, the Federal debt stood at \$3,500,901,000,000, three trillion, five hundred billion, nine hundred one million.

Fifteen years ago, June 26, 1986, the Federal debt stood at \$2,040,983,000,000, two trillion, forty billion, nine hundred eighty-three million, which reflects a debt increase of more than \$3.5 trillion, \$3,615,767,181,308.17, three trillion, six hundred fifteen billion, seven hundred sixty-seven million, one hundred eighty-one thousand, three hundred eight dollars and seventeen cents during the past 15 years.

#### ADDITIONAL STATEMENTS

##### TIMOTHY J. RHEIN

• Mr. BREAU. Mr. President, I rise today to pay tribute to Timothy J. Rhein, who recently retired after 34 years with American President Lines, Ltd. APL is today one of the world's largest shipping and intermodal lines, and a globally recognized brand, thanks in large part to Tim Rhein's leadership.

I came to know Tim through his appearances before the Subcommittee on Merchant Marine, and I can personally attest to his commitment to merchant shipping and his leadership in the U.S. shipping industry. His rise to president and chief executive officer of APL from 1995 to 1999, and then to chairman, was marked by key decisions in a difficult business.

He was instrumental in expanding APL from primarily an Asia-America business into a truly global operation. He gained a decisive edge on his competitors by embracing information technology earlier than anyone else in his business. He knew the numbers and metrics of his business better than anyone. He was rarely at a loss for an answer before our committee, and always worth listening to.

And he worked very hard at developing one particular line of business—the U.S. military—to the point where our government is today APL's largest customer. One of the reasons for that success was his understanding of logistics, of managing supply lines, a critical skill to the military as well as to APL's multinational corporate customers.

But without doubt his toughest decision was to negotiate the sale of APL to a non-U.S. buyer, in order to protect all of APL's stakeholders and to preserve the APL presence and brand. APL was the oldest continuously operating shipping company in America, and a premier US-flag shipping company. He stuck his neck out on that one, put his reputation on the line, and negotiated the sale personally—and successfully.

Tim Rhein understood his business. He was a nimble and gutsy decision-maker, and we in Washington will miss his understanding and knowledge as we continue our pursuit of a policy to promote a strong U.S. flag maritime shipping presence. I hope he will continue to avail us of his knowledge and wise counsel.

Good luck in your retirement, Tim Rhein.●

#### DEATH OF ROBERT MCKINNEY

● Mr. BINGAMAN. Mr. President, earlier today I sent a letter to the oldest daily newspaper in the West, "The New Mexican" regarding the death of its publisher, Robert McKinney.

Robert McKinney was well known to the Senate. His decades of service to this country, in one capacity or another, and his remarkable career in business and publishing brought him into contact with many of us, and with colleagues who have preceded us in this body. He and Clinton Anderson, late a Senator for New Mexico, were great friends, and worked together on the San Juan-Chama water project for our State.

Five presidents called on him for service from Harry Truman through Richard Nixon. He put his prodigious skills to work at various times at the Department of the Interior, the Atomic Energy Commission, and the Department of the Treasury. Under President Kennedy, he served as our Ambassador to Switzerland.

He was a fine citizen, and a good friend who will be missed, but whose influence, I know, is "a widening ripple, down a long eternity." The world is a better place for his having lived.

I ask that my letter be printed in the RECORD.

The letter follows:

LETTER TO THE EDITOR OF "THE NEW MEXICAN"

To the Editor: With so many others, I was saddened earlier this week when word came of the death of Robert McKinney whose American life made him one of the world's distinguished citizens. When he died in New York on Sunday night, this man of the American West had forged great successes in business, journalism, international diplomacy, public service and public policy in the course of his ninety years. His was the "life well lived" and much of it was lived in New Mexico where he was the deeply respected publisher of this newspaper.

He was a singular individual with a wide-ranging mind, vast talents, and varied interests. He brought his considerable energy to bear on issues from architecture to atomic energy, war to peace, land use to poetry. He was most certainly a force for good in this world. I was honored to have the benefit of his counsel and the gift his friendship. I will miss him.

JEFF BINGAMAN,  
United States Senator.●

#### UNVEILING OF TIGER STADIUM COMMEMORATIVE STAMP

● Mr. LEVIN. Mr. President, it is with great pride that I pay tribute to a special place in my hometown of Detroit that for the last century has inspired not only our city but our country. This year we are commemorating the tricentennial of the founding of a city that to Americans has long meant great automobiles. To Detroiters, it also means great sports teams and inspiring hero-athletes. Indeed, as Detroit enters its fourth century, our pride in our city is equaled by our pride in the house these heroes built—our storied Tiger Stadium.

Today at home plate, the people of Detroit will gather to unveil one of eleven new stamps commemorating Baseball's Legendary Playing Fields. Of those eleven ballparks, only four still stand, and one is right in Detroit, where baseball was the pastime at The Corner of Michigan and Trumbull for more than a century.

The history of this stadium is in so many ways the history of our city. The spirit of hard work and determination that has always defined Detroit revealed itself early. When the Great Depression hit Detroit harder than most American cities, it was the 1935 World Champion Tigers—and the renowned "G-Men": Charlie Gehringer, Goose Goslin, and Hank Greenberg—who renewed the hopes of an entire city. Detroit would forever after be the City of Champions, with four World Series titles to prove it.

When the riots and ruin of 1967 left deep scars of division across our city, it was the 1968 World Champion Tigers led by Al Kaline, Willie Horton, Bill Freehan, Denny McLain and Mickey Lolich who led one of the greatest comebacks in baseball history and who, in their unforgettable victory, united us to celebrate as one city.

It is no exaggeration to state that the heroes of Tiger Stadium also pointed us to a better America. By the time the prize fighter Joe Louis triumphed over Bob Paster in then-Briggs Stadium in 1939, he was more than a hometown hero from the East Side, he was a national hero and a symbol to all people of all races. Even today, I almost weep thinking of "Hammerin' Hank" Greenberg's grand slam in 1945 that put the Tigers in the Series and for what that one swing of the bat meant. When Nelson Mandela spoke to a massive rally in Tiger Stadium a decade ago, his words rung out past the rafters to every American on the endurance and inspiring power of the human spirit.

In this City of Champions, the names and feats of champions echo still. Here is where the three time NFL champion Detroit Lions played for more than three decades. Here is where the legends of baseball's Golden Age took to the field in the unforgettable 1941 All-Star Game—Bob Feller, Joe DiMaggio, and Ted Williams. Here is where the Tigers earned three divisional championships, nine pennants, and those four World Series titles. Here is the where the Tiger greats were born, the eleven Hall of Famers: Sparky Anderson, Ty Cobb, Mickey Cochrane, Sam Crawford, Hank Greenberg, Hugh Jennings, Al Kaline, George Kell, Heinie Manush, Hal Newhouser, and Charlie Gehringer. And one more Hall of Famer, broadcaster Ernie Harwell, made sure that when we couldn't physically be at Michigan and Trumbull, the sights and sounds of the ballpark were part of our lives.

This house of heroes may have been built on the shoulders of giants, but someone else sustained it, the fans. If ever a community has unified around a place, Detroiters came together at The Corner. In this city of immigrants, attending a game there became an American rite of passage. The language of Tiger Stadium, as the Detroit News once put it, was not Polish or Armenian or Ukranian, it was baseball. Generations of parents brought their children to those sun-drenched bleachers. Years later, those grown children brought their own children to Tiger Stadium. I know because like many Detroiters I still call the old ballpark the place of my youth, a place where our parents took us and where I took my daughters and granddaughter.

To this day I remember my father leading me through the corridors to see Game 1 of the 1945 World Series. Through all my visits back through all the years since, I have never forgotten the sights, smells and sounds of that day and the unique character of that park. There was the sight of heroes—like Hal Newhouser—who I had only imagined while listening to the radio and could now virtually reach out and